SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)

Bayfield Co. Zoning Dept

	-	er Services
Amount Paid:	Date:	1 CHILLETT
A S	4-24	Ż

Refund:

Sacracia iliai iliai sai an fare i responsible for the may be a result of Bayfield above described property Owner(s): Owner (s):	AFR 24 2017	Rec'd for issuance	-	☐ Municipal Use			☐ Commercial Use			Residential Use	K .		Proposed Use	Proposed Construction:	Existing Structure:			25,000		materia)	Value at Time of Completion * include donated time &	Non-Shoreland	Shoreland →		Section Q	1/4,	LOCATION		Authorized Agent: (Pers	V P	Con W.+C	TYPE OF PERMIT REQUESTED-
FAILURE TO OBTAIN fillication (including any accompanying inform the detail and accuracy of all information I (w d county relying on this information I (w) at any reasonable time for the purpose of in the purpose of including the purpose of the p		Special Use: (explain)	☐ Accessory Build	Accessory Building (specify)	-			with	with			Residence (i.e. o		ion:	Existing Structure: (if permit being applied for is relevant to it)	Property	Relocate (existing bldg)		1 17	4	Project #		Creek or Landward side of Floodplain? If yes— Is Property/Land within 1000 feet of Lake, Pond o	☐ Is Property/Land within 300 fe	. Township 45 N. Range	1/4 Gov't Lot	tate	NA NA	CUNTHIA METTUNG Int. (Person Signing Application on behalf & Owner(s))	reupine Trail		DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT REQUESTED X LAND USE SANITARY
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and farely responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield Country relying on this information I (we) am (are) providing and that it will be relied upon by Bayfield Country in determining whether to issue may be a result of Bayfield Country relying on this information I (we) am (are) providing and that it will be relied upon by Bayfield Country in determining whether to issue may be a result of Bayfield Country relying on this information I (we) am (are) providing in or with this application. I (we) consent to country officials charged with administe above described property at any reasonable time for the purpose of inspection. Owner(s): Owner(s): Owners Miltiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	: (explain)	olain)	Accessory Building Addition/Alteration (specify)	(specify)	is (e)	Bunkhouse w/ { \square sanitary, or \square sleeping quarters, or	with Attached Garage	with (2 nd) Deck	with (2 nd) Porch	with a Porch	with Loft	Principal structure (Tirst structure on property) Residence (i.e. cabin, hunting shack, etc.)	Proposed Structure	Length: 🔏	Length:	Foundation	Basement No Basement		+ Loft		# of Stories and/or basement Use		If yes- Pond o If yes-	7		CSM Vol & Page	4-004-2-45-00	3_	Agent Phone:		Mailing Address: 55335 Porcul	SUED TO APPLICANT. SANITARY PRIVY
N WITHOUT A PERMIT WILL RESULT I when exest of my (our) knowledge and belief i upon by Bayfield County in determining in the party of the county officials charge in the consent to county officials charge in the county of the consent to county of the charge in the county of the coun			(A)		- Story Add Rydron	's, $\underline{\operatorname{or}}\ \Box$ cooking & food prep facilities)			de administration de la communicación de la co				ure	Width:	Width:		□ None □ Privy (Pit)	3 X Sanitar	2	M 1 Minicipal City	# bedrooms		Distance Structure is	Distance Structure is		e Lot(s) No. Block(s) No	18-4 00-14P	<i>₹</i>	Derzichenn Plundin Agentwailing Address (include	WI 54873	City/State/Zip: Barnes,	CONDITIONAL USE
====	× ×	(X	(x	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			×	× ×	· ×	×	×	× ×	Dimensions	20 Height:	38 Height:	Compost Toilet None	Privy (Pit) or \(\subseteq \text{Vaulted} \) (min 200 gallon) Portable (\(w \) / service contract)	xists) Spe	(New) Sanitary Specify Type:	A City	What Type of Sewer/Samitary System Is on the property?		feet Hoodplain Zone? Shoreline: Oil Treet Kno	73570 K 319, 74 K215	Lot Size 8/1/8 37/	Subdivision:	Document #:	Dand fi e	Plumbings Heating 7, ress (include Chy/State/Zip): W	763	Ø	SPECIAL USE B.O.A.
d complete. I (we) acknowledge that I (we) sermit. I (we) further accept liability which grounty ordinances to have access to the $3/2/J$					7))			Square Footage	$\left\{ \ \right $	" 20		gallon)				Water		m Are wettains me? Present? □ Yes SNo	- i	Acreage	Cherakee Hadition	R-	☐ Yes ☐ No	Written Authorization	763 242. 3370 Ci	Telephone: Cell Tb3-242-3334 LC	OTHER

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CAPPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

Hold For Sanitary:		Condition(s): Town, Committee or Board Condition \mathcal{M}	Inspection Record:	Was Proposed Building Site Delineated	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot	Permit #: 17-00 74	Permit Denied (Date):	(9) Stake or Mark Propo NOTICE: All Li For The Construction (other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum re	or Holding Tar	Setback from the East Lot Line	Setback from the South Lot Line Setback from the West Lot Line	Setback from the North Lot Line (1)	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) = (7) above (pri (8) Setbacks: (measured	Please complete (1) (7) above (prior to continuing)			(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
IT TBA:		Inspected by: \mathcal{G} Conditions Attached? Tes \square No \mathcal{G} G	0	Ares ONO		(Deed of Record) ZNo (Fused/Contiguous Lot(s)) ZNo	Permit Date: 4	Reason for Denial:	and Use Permits Expire One (1) Year and Use Permits Expire One (1) Year Of New One & Two Family Dwelling: The local Town, Village, City, States	d surveyor at the owner's expense. re than ten (10) feet but less than thirty (30) fee unveyed corner, or verifiable by the Departmen	Feet hin ten (10) feet of the minimum required setback.	1000	20.	00000		Road Feet Nay Feet	Measurement	te (1) (7) above (prior to continuing) Setbacks: (measured to the closest point)	ior to continuing)			l little
Hold For Affidavit: 🗆 Hold For	O.) o — (If <u>No</u> they need to be attached.) 化ダルルル		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance ☐ Yes ☐ No	งั่o Mitigation Required ⊔ Yes ง่o Mitigation Attached □ Yes ง่o	01-16	297997 # or bedrooms:	nk (SL) Drain of Issuance if (ities Are Requi encies may als	t from the minimum required setback, the bound by use of a corrected compass from a known to	et	et Setback to Well		et Setback from Wetland et 20% Slope Area on property	Setback from the Bank or Bluff		Descri	Changes in 1		attacles		roperty (regardless of what you are applying for) Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold For Fees:	Date of	Däte of Re-Inspection:	Zoning District Lakes Classification	Represented by Owner Wes Was Property Surveyed Wes	e (B.O.A.) Case #:	Affidavit Required Affidavit Attached		rooms: Sanitary Date:	DF), Holding Tank (HT), Privy (I ction or Use has not begun. Enforce The Uniform Dwelling C ire permits.	dary line from which the setback must be n	ust be measured must be visible from one prev			erty	Bluff	dinary high-water mark) tream, Creek	Description	Changes in plans must be approved by the I		mac	The second secon	ng Tank (HT) and/or (*) Privy (P)
	Date of Approval: 4-6-77	Inspection:	ict $(\mathcal{R}/)$ fication (\mathcal{Y})	□ No		ired		8-22-1:31	ode.	neasured must be visible from f the structure, or must be	previously surveyed corner to the	Feet		//////////////////////////////////////	NA Feet	/37) Feet	Measurement	d by the Planning & Zoning Dept.				9

CHORGE (1) (2) (3) (4) (5) (6) GEORGE LAKE closest 137 EXISTING DECK ENSTING ADDITION HOME DRIVEWAY Gara 135' WEWAY 48.32

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PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY WISCONSIN

Date stand (Received)

APR 127117 APPLICATION FOR PERMIT

Ď 7230

Permit #: Date: Refund: Amount Paid: 427-12 11-12-17 7086 50

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED Bayfield Co. Zoning Dept

☐ Non-Shoreland	X Shoreland —≽		Section 3	1/4,	4	DBO IFCT	大のころ	Authorized Agent: (Pers	大の言えての公のためん	Contractor:	4745 CAllOWILL RJ	Address of Property:	TERRY Lundburg	Owner's Name:	TYPE OF PERMIT REQUESTED-
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue>	, Township 44 N, Range 9	1/4 Gov't Lot Lot(s)	i.egal Description: (Use Tax Statement)		COSGROVE	Authorized Agent: (Person Signing Application on behalf of Owner(s))	05 G ROJK	→	owite Re	£	in Device		QUESTED> □ LAND USE □ SANITARY □ PRIVY
	ke, Pond or Flowage If yescontinue	er, Stream (incl. Intermittent) If yescontinue>	_ W Town of:	CSM Vol & Page 1061 V	004-2-44-09-	PIN: (23 digits)	SAME	Agent Phone:	715-378-2247	Contractor Phone:	BARNES	City/State/Zip:	P.O. Box 312	Mailing Address:	
	Distance Structure is from Shoreline:	Distance Structure is from Shoreline :	BARNES	Lot(s) No. Block(s) No.	004-2-44-89-03-45-002-1000		9708 E. SCENIC DR.	Agent Mailing Address (include City/State/Zip)		Plumber:	ELSAS IN	dif-	12 POPME WIT.	City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE
	—	*	29,358	Subdivision:	Valume 1061	Recorded Docum	MT 5/873	/State/Zip):					5464		CIAL USE 🗆 B.O.A.
		Is Property in Are Wetlands Floodplain Zone? Present?	Acreage		Page(s) 44	Document: (i.e. Property Ownership)	Attached Yes I No			Plumber Phone:		Cell Phone: C **	218-720-2937	Telephone:	O.A. 🗆 OTHER_
	∫ Yes	tlands ent?				ership)		g				c 	Č.		

			8 6	.00% 8	<u>٠</u>		Value at Time of Completion *include donated time & material
	Property	☐ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	XAddition/Alteration	□ New Construction	Project
	☐ Foundation	☐ No Basement	Basement	☐ 2-Story	☐ 1-Story + Loft	□ 1-Story	# of Stories and/or basement
					☐ Year Round	☐ Seasonal	Use
		□ None			□ 2	ш	# bedrooms
□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
	<u> </u>	<u> </u>			□ Well	☐ City	Water

	Proposed Construction: NEW De CL	Existing Structure: (if permit being applied for is relevant to it)	
-	tength:	Length:	
	78,		
	Width:	Width:	
	ō		
	Height:	Height:	

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Proposed Use	<	Proposed Structure	Ξ.	Dimensions	v	Footage
and the second s		Principal Structure (first structure on property)	1	×)	
		Residence (i.e. cabin, hunting shack, etc.)	{	×	_	
		with Loft	~	×	_	
		with a Porch	1	×)	
		with (2 nd) Porch	(×)	
		with a Deck	(×	_	
		with (2 nd) Deck	(×	_	
☐ Commercial Use		with Attached Garage)	×)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(×	<u></u>	
		Mobile Home (manufactured date)	(×	_	
:	M	Addition/Alteration (specify) Nをい 10、× 28、 Deck	1	×	_	280 % 54
Wunicipal Use	Ь	Accessory Building (specify)		×	_	Ç
Rec'd for Issuance		Accessory Building Addition/Alteration (specify)	(×	_	
The state of the s						
0	Ω	Special Use: (explain)	(×		
7	Ü	Conditional Use: (explain))	×	_	
Secretarial Stati	[2]	Other: (explain)	(×	_	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
[](we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. | (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. | (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Date

Authorized Agent: (Fyder) ed on the Deed All Deviners must sign or letter(s) of authorization must accompany this application) Date

Address to send permit

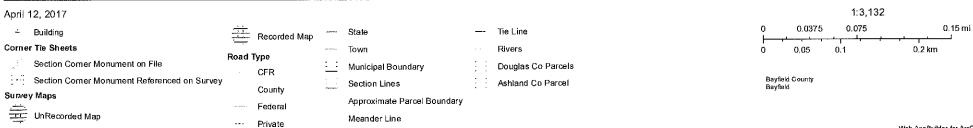
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			A.6
Date of Approval: 127		Clouds	Signature of Inspector:
De attached.)		Must get une it regard conditions attached? Must get une it regardes	Must get an
	ed by:	リー・レラ・・ 1 Inspe	Date of Inspection: $$
Zoning District ()			Inspection Record: 6
Were Property Lines Represented by Owner	Were Prop	y Created Maryes □ No elineated Maryes □ No	Was Parcel Legally Created Was Proposed Building Site Delineated
Previously/Granted by Variance (B.O.A.) □ Yes □ No Case #:	Vivin N	ja, ⊢	Granted by Variance (B.O.A.) □ Yes □ No
pured □Yes ≦No Affidavit Required □Yes ŞTNo ached □Yes ⊆No Affidavit Attached □Yes ⊋TNo	Mitigation Required Mitigation Attached	of Pes (Deed of Record) p Pes (Fused/Configuous Lot(s)) g Pes	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
	Permit Date: 4.27.17	Permi	Permit #: 17-0080
# of bedrooms: Sanitary Date: 5-/3-/5-	Sanitary Number: 15 - 44 S Reason for Denial:		Issuance Information (County Use Only) Permit Denied (Date):
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	e One (1) Year from the Date of Is nily Dwelling: ALL Municipalities lage, City, State or Federal agenci	TICE: All Land Use Permits Expirenstruction Of New One & Two Fan The local Town, Ville	(9) State On W
other previously surveyed corner or marked by a legased surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. The control of the proposed site of the structure or must be considered by a licensed surveyor at the owner's expense.	hense. That thirty (30) feet from the minimum requirements by use of a corrected concept the content of the corrected concept the content of	as Dy al icensed surveyor at the owner's expe as ructure more than ten (10) feet but less the er previously surveyed corner, or verifiable b er's expense	other previously surveyed corner or mark prior to the placement or construction of one previously surveyed corner to the off tharked by a licensed surveyor at the own tharked by a licensed surveyor at the own
ary line from which the setback must be measured must be visible from one previously surveyed corner to the	reet	o PTVY [Portable, Lomposting] Jacement or construction of a structure within ten (10) feet of the minimum n	
Well Feet	Feet Setback to Well	ding Tank	Setback to Septic Tank or Holding Tank Setback to Drain Field
Elevation of Floodplain Feet	Feet	e 200	Setback from the East Lot Line
perty Yes	Feet		from the
	Feet		etback from the North Lot L
Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Feet	Feet Setback fi	Centerline of Platted Road Established Right-of-Way	Setback from the Centerline Setback from the Established
Description Measurement	Measurement		Description
Changes in plans must be approved by the Planning & Zoning Dept.	τ)	complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)	Please complete (1) – (7) (8) Setbacks:
	T. F.	SRE	
Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	t Plan (*) Frontage Road (Name Fror tures on your Property Septic Tank (ST); (*) Drain Field r; (*) Stream/Creek; or (*) Pon (*) Slopes over 20%		(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):

Bayfield County Web AppBuilder





Web AppBuilder for ArcGIS Bayfield | Bayfield County |

SUBMIT: COMPLETED APPLICATION, TAX

Bayrield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Control of the Contro	Date Stamp (F	BAYFIELD	APPLICA
B	(W Received)	COUN	TION
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		Name of Street, or other Designation of the last of th		
Refund:	Vaccinetis Control of the Control of	Me Land Ppaid:	Date:	Permit #:
		LI-SI-h 0514	4-27-17	17-008/

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Os. Zoning Dept.

				50,00	n.		Value at Time of Completion * include donated time & material		Aun-Shoreland	∑ Shoreland —	Of C	Section	1/4, _	PROJECT LOCATION	Authorized Agent: (Per	Contractor: Mountanner	Address of Property:	Owner's Name:	TYPE OF PERMIT REQUESTED—	NOT START CONSTR
	Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	№ New Construction	Project			Creek or Landward side of Floodplain? yescontinue yescontinue yescontinue yescontinue yescontinue yescontinue yescontinue yescontinue yescontinue yes	Stream (ind. Intermittent)	Section 33 , Township 45 P	1/4 Gov't Lot	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Stanber Const	G. Huy N	Brail & Burbura Heintz	REQUESTED> LAND USE	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
	Foundation	□ No Basement	□ Basement	☐ 2-Story	☐ 1-Story + Loft	☐ 1-Story	# of Stories and/or basement			of Floodplain? If 1000 feet of Lake, Po	1300 feet of River, Str	N, Range <u> </u>	Lot(s)			` `	City	_ <	USE SANITAR	IF REEN ISSUED TO APPLI
			and the second s		1 Year Round	☐ Seasonal	Use			If yescontinue> Pond or Flowage If yescontinue>	eam (incl. Intermittent)	Town of: Barnes	CSM Vol & Page	PIN: (23 digits) 04-004-2-45-09-33-1	11 Phone: As	Contractor Phone: Pl	City/State/Zip: Sarves	Mailing Address: 730 754	□ PRIVY	CANT.
0		₹ None		3	□ 2	_ 1	# of bedrooms	-		Distance Stru	Distance Stru		Lot(s) No.	09-33-	gent Mailing Ad	Plumber: '	eru		CONDITIONA	
I. ROLE	- 1	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Z Sanitary (Exists) Specify Type: Low	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?			cture is from Shoreline :	Cture is from Shoreline:	$\begin{array}{c c} \text{Lot Size} \\ \hline D_{i}3 \end{array}$. Subdivision:		Agent Phone: Agent Mailing Address (include City/State/Zip): 715-795-3400 West & Ce. Hwy W Barwar		0, 54873	EIK Mond, WI	☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A.	
			in 200 gallon)	CONT	1					**0	Is Property in Are Wetlands	Acreage		Bolument: (i.e. Property Ownership) $\frac{1/(1+1)}{1/(1+1)} \qquad \text{Page(s)} \frac{1}{1/(1+1)} \frac{1}{1/(1+1)}$	Written Authorization Attached Xi Yes No	Plumber Phone:	Cell Phone:	Telephone:	.A. OTHER_	
5					Well	City	Water			Present? □ Yes À-No	tlands				tion					

Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with 72 nd) Porch with Attached Garage Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities) Mobile Home (manufactured date) Accessory Building (specify)	Dimensions
--	------------

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction:

Length:

5

Width:

Height:

Address to send permit $\frac{\mathcal{U}}{\mathcal{U}}$ (If there are Multiple Ownes listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) wher(s) a letter of authorization must accompany this application) μ_{195} Co. HwyN Harves. From recently purchased the property send your Recorded Deed Date Date = 2017

Setback from the **South** Lot Line Setback from the **South** Lot Line Setback from the **West** Lot Line Setback from the Established Right-of-Way Signature of Inspector: Condition(s):Town, Committee or Board Conditions Attached? Date of Inspection: Inspection Granted by Variance (8.O.A.) Setback to **Drain Field**Setback to **Privy** (Portable, Setback from the Centerline of Platted Road Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Issuance Information (County Use Only) Setback to Privy (Portable, Composting)

Fior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from other previously surveyed comer or marked by a licensed surveyor at the owner's expense. Permit Denied (Date) Setback to Septic Tank or Holding Tank Setback from the East Lot Line Was Parcel Legally Created Was Proposed Building Site Delineated Yes Please complete (1) - (7) above (prior to continuing) to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required serback, the boundary line from which the serback must be measured must be visible from previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be sed by a licensed surveyor at the owner's expense. 202 7-008/ 57 (2) (3) (5) (5) 8 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Show any (*): Show any (*): Show: Show: Show Location of: Show / Indicate: Setbacks: (measured to the closest point) Show Location of (*): NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits. Draw or Sketch your Property (regardless of what you are applying for) STORY. 000 25 ST. ☐ Yes (Deed of Record)
☐ Yes (Fused/Contiguous Lot(s))
☐ Yes Mary Yes Yes なれたよう Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% \Box 8 8 E 20 Set Sanitary Number: Inspected by: Permit Date: Reason for Denial: 200 400 002 965 Measurement House 1730 DRCKS Henderson ζ 5 N O N N N N Feet Feet Feet Feet Feet Feet Control Control H20 Thousand the Lake \neg (If No they need to be attached.) 8 3 Previously Granted by Variance (B.O.A.)

Yes ZNo Mitigation Required Mitigation Attached Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek
Setback from the Bank or Bluff Were Property Lines Represented by Owner
Was Property Surveyed 20% Slope Area on property Elevation of Floodplain Setback to Well Setback from Wetland Can del 000 Changes in plans must be approved by the Planning & Zoning Dept. # of bedrooms: Pressin Description Yes Yes \$ \$ Affidavit Required Affidavit Attached Lakes Classification Zoning District Date of Re-Inspection: Date of Approval: 4.2 previously surveyed corner to the □ Yes ĝ Measurement 500 ___ -Yes TW X No Feet 2 & Z Z Feet Feet Feet Feet € ₹

Hold For Sanitary:

Hold For TBA:

Hold For Affidavit:

Hold For Fees: